

L04000047286

2004 NOV 18 P 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

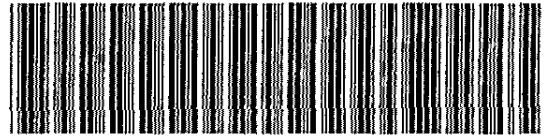
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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: INJURY NETWORK LLC.
2. The mailing address of the limited liability company is : 500 HAVERHILL LANE
SAFETY HARBOR, FLORIDA. 34695 US
3. Date of filing/registration in Florida 6/23/2004
4. Document number L04000047286

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

* I hereby authorize
The Acceptance of
The Change of
MANAGER TO ANTHONY DIEZ
FROM TOMMY DIEZ ALSO.

DIEZ, TOMMY
Name
500 HAVERHILL LANE
Address
SAFETY HARBOR, FL 34695 US
City, State and Zip

- Anthony Diez 6. The name and address of the new registered agent and/or office:

DIEZ, ANTHONY
Name
500 HAVERHILL LANE
Florida street address (P.O. Box NOT acceptable)
SAFETY HARBOR FL 34695 US
City, State and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Tommy Diez
(Signature of a member or authorized representative of a member)

Tommy DIEZ
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Anthony Diez
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314